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| CLAIMS ONLY | Application Number | Filing Date |
| | 10-659669 | 9-1-05 |
| | Applicant(s) | |

10-6027667

9-1-05

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| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
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| Total Indep | 1 | | | | | |
| Total Depend | 6 | | | | | |
| Total Claims | 7 | | | | | |

May be used for additional claims or amendments

| | Indep. | Depend. | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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